

POSITION	ID NO.	DATE
CLASSIFIER	31	2/5/97
EXAMINER		
TYPIST	290	2-10-97
VERIFIER	851	2-11
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
1	1/1/97
2	1/2/97
3	1/3/97
4	1/4/97
5	1/5/97
6	1/6/97
7	1/7/97
8	1/8/97
9	1/9/97
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Claim	Date
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## SYMBOLS

- ✓ Rejected
- ✗ Withdrawn
- (Through number) Canceled
- Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

(LEFT)